

Alternatives to Abortion Invoice

Contract #	CS170042003	Vendor Name:	Faith Maternity Care
Vendor Number:	13421808001/MB00099548	Vendor Address:	1900 Lake Dr
			Fulton, MO 65251

Bill To: Office of Administration
Commissioner's Office
201 W. Capitol Ave, Room 125
Jefferson City, MO 65101

Invoice Number: _____

Invoice Date: _____

Service Period: _____

Total Contracted Allocation	Prior Invoiced Total	June Award Amount
\$ 45,029.17	\$ 31,304.83	\$ 13,724.34
Quarterly expenditure adjustment:	\$ -	
Total Due:		\$ 13,724.34
Allocation Remaining	\$ -	

Signature: _____
